



U.S. Department of Justice
Financial Statement of Debtor
(Submitted for Government Action on
Claims Due the United States)

NOTE: Use additional sheets where space on this form
is insufficient or continue on back of last page.

FINANCIAL STATEMENT OF DEBTOR

Authority for the solicitation of the requested information is one or more of the following: 5 U.S.C. 301, 901 (see Note, Executive Order 6166, June 10, 1933); 28 U.S.C. 501, *et seq.*; 31 U.S.C. 951, *et seq.*; 44 U.S.C. 3101; 4 CFR 101, *et seq.*; 28 CFR 0.160, 0.171 and Appendix to Subpart Y. Fed.R.Civ.P. 33(a), 28 U.S.C. 1651, 3201 *et seq.*

The principal purpose for gathering this information is to evaluate your ability to pay the Government's claim or judgment against you. Routine uses of the information are established in the following U.S. Department of Justice Case File Systems published in Vol. 42 of the Federal Register; Justice/CIV-001 at page 5332; Justice/TAX-001 at page 15347; Justice/USA-005 at pages 53406-53407; Justice/USA-007 at pages 53408-53410; Justice/CRIM-016 at page 12274. Disclosure of the information is voluntary. If the requested information is not furnished, the U.S. Department of Justice has the right to such disclosure of the information by legal methods.

Section 1
Personal
Information

1. Full Name(s) Phillip Kay Lyman
Street Address [REDACTED]
City Blanding State UT Zip [REDACTED]
County of Residence San Juan
How long at this residence? 13 years
1a. Home Telephone: [REDACTED]
Best Time to Call [REDACTED] a.m. [REDACTED] p.m.
1b. Cellular Number: [REDACTED]
2. Marital Status:
☒ Married ☐ Separated
☐ Unmarried (single, divorced, widowed)
3. Your Social Security No. (SSN) [REDACTED]
4. Spouse's Social Security No. [REDACTED]
3a. Your Date of Birth (mm/dd/yy) [REDACTED]
4a. Spouse's Date of Birth (mm/dd/yy) [REDACTED]

5. ☒ Own Home ☐ Rent ☐ Other (specify, i.e. share rent, live with relative) _____

6. List the dependants you can claim on your tax return: (Attach sheet if more space is needed)

First Name	Relationship	Age	Does this person live with you?	First Name	Relationship	Age	Does this person live with you?
Davin		20	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes

Section 2
Your
Business
Information

7. Are you or your spouse self-employed or operate a business? (Check "Yes" if either applies)
☐ No ☒ Yes If yes, provide the following information:
7a. Name of Business Phil Lyman CPA PC
7b. Street Address 333 South Main Street
City Blanding State UT Zip 84511
7c. Employer Identification No: [REDACTED]
7d. Do you have employees? ☐ No ☐ Yes
7e. Do you have accounts receivable? ☐ No ☒ Yes
If yes, please complete section 8 on page 5.

ATTACHMENTS REQUIRED: Please provide proof of self-employment income for the **prior 3 months**
(e.g. invoices, commissions, sales records, income statement).

Section 3
Employment
Information

8. Your employer San Juan County and Phil Lyman CPA
Street Address 333 South Main Street
City Blanding State UT Zip 84511
Work telephone no. (435) 678-2411
May we contact you at work? ☒ No ☐ Yes
8a. How long with this employer? 26 years
8b. Occupation Accountant
9. Spouse's Employer _____
Street Address _____
City _____ State _____ Zip _____
Work telephone no. (____)
May we contact you at work? ☐ No ☐ Yes
9a. How long with this employer? _____
9b. Occupation _____

ATTACHMENTS REQUIRED: Please provide proof of gross earnings and deductions **for the past 3 months from each employer** (e.g. pay stubs, earnings statements). If year-to-date information is available, send only 1 such statement as long as a **minimum of 3 months** is represented.

Name Phil LymanSSN [REDACTED]

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Section 4Other
Income
Information

10. Do you receive income from sources other than your own business or your employer? (Check all that apply.)

☐ Pension ☐ Social Security ☐ Other (specify, e.g. child support, alimony, rental) _____**ATTACHMENTS REQUIRED:** Please provide proof of pension/social security/other income for the past 3 months from each payor, including any statements showing deductions. If year-to-date information is available, send only 1 statement as long as **3 months** is represented.**Section 5**Banking,
Investment,
Cash, Credit
and Life
Insurance Information11. **CHECKING ACCOUNTS.** List all checking accounts. (If you need additional space, attach a separate sheet.)

Type of Account	Full name of Bank, Credit Union or Institution	Bank Account No.	Current Account Balance
11a. Checking	Name <u>[REDACTED]</u> Address <u>[REDACTED]</u> City/State/Zip <u>[REDACTED]</u>	<u>[REDACTED]</u>	\$ <u>[REDACTED]</u>

11b. Checking	Name <u>[REDACTED]</u> Address <u>[REDACTED]</u> City/State/Zip <u>[REDACTED]</u>	<u>[REDACTED]</u>	\$ <u>[REDACTED]</u>
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11c. Total Checking Accounts Balances			\$ <u>[REDACTED]</u>
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12. **OTHER ACCOUNTS.** List all accounts, including brokerage, savings and money market, not listed in 11.

Type of Account	Full name of Bank, Credit Union or Institution	Bank Account No.	Current Account Balance
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**ATTACHMENTS REQUIRED:** Please include your current bank statements (checking, savings, money market and brokerage accounts) for the past **3 months** for all accounts.13. **INVESTMENTS.** List all investment assets below. Include stocks, bonds, mutual funds, stock options, certificates of deposits and retirement assets such as IRAs, Keogh and 401(k) plans.

Name of Company	Number of Shares/Units	Current Value	Loan Amount (if any)	Used as collateral on loan?
13a. [REDACTED]	[REDACTED]	\$ [REDACTED]	\$ [REDACTED]	<input type="checkbox"/> No <input type="checkbox"/> Yes
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

14. **CASH ON HAND.** Include any money that you have that is not in the bank.

14a. [REDACTED] [REDACTED]

If yes, name of plan _____ Value in plan \$ _____

Name _____

SSN _____

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Section 7Assets and
Liabilities**18. PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS.** Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)


	Description (year, make, model)	*Current Value	Current Loan Balance	Name of Lender	Purchase Date	Monthly Payment
*Current Value is the amount you could sell the asset for today	18a. _____	\$ _____	\$ _____	_____	_____	\$ _____

	18b. _____	\$ _____	\$ _____	_____	_____	\$ _____

LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

	Description (year, make, model)	Lease Balance	Name and Address of Lessor	Lease Date	Monthly Payment
	18c. _____	\$ _____	_____	_____	\$ _____

	18d. _____	\$ _____	_____	_____	\$ _____

 **ATTACHMENTS REQUIRED:** Please include your current statement from lender with monthly car payment and current balance of the loan for each vehicle purchased or leased.

20. REAL ESTATE. List all real estate you own. (If you need additional space, attach a separate sheet.)

Street Address, City State, Zip, County Lender/Lien Holder	Date Purchased	Purchase Price	*Current Value	Loan Balance	Monthly Pymt
20a. _____ _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
20b. _____ _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
21 Acres					

21. PERSONAL ASSETS. List all personal assets below. (If you need additional space, attach a separate sheet.)*Furniture/Personal effects* includes the total current market value of your household such as furniture and appliances*Other Personal Assets* includes all artwork, jewelry, collections, antiques or other assets

	Description	Current Value	Loan Balance	Lender	Monthly Payment	Date of Final Pymt
21a.	Furniture/Personal Effects Other: (List below)	\$ _____	\$ _____	_____	\$ _____	_____
21b.	Artwork	\$ _____	\$ _____	_____	\$ _____	_____
21c.	Jewelry	\$ _____	\$ _____	_____	\$ _____	_____
21d.	_____	\$ _____	\$ _____	_____	\$ _____	_____
21e.	_____	\$ _____	\$ _____	_____	\$ _____	_____

Name _____

SSN _____


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	Description (year, make, model)	*Current Value	Current Loan Balance	Name of Lender	Purchase Date	Monthly Payment
*Current Value is the amount you could sell the asset for today	18a. _____ _____ _____	\$ _____	\$ _____	_____	_____	\$ _____
	18b. _____ _____ _____	\$ _____	\$ _____	_____	_____	\$ _____

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	Description (year, make, model)	Lease Balance	Name and Address of Lessor	Lease Date	Monthly Payment
	18c. _____ _____ _____	\$ _____	_____	_____	\$ _____
	18d. _____ _____ _____	\$ _____	_____	_____	\$ _____

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20b. _____ _____ _____	_____	\$ _____	\$ _____	\$ _____	\$ _____

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21c.	Jewelry	\$ _____	\$ _____	_____	\$ _____	_____
21d.	_____	\$ _____	\$ _____	_____	\$ _____	_____
21e.	_____	\$ _____	\$ _____	_____	\$ _____	_____

Name _____

SSN _____

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Section 7

continued

22. BUSINESS ASSETS. List all business assets and encumbrances below, include Uniform Commercial Code filings. (If you need additional space, attach a separate sheet.) *Tools used in Trade or Business* includes the basic tools or books used to conduct your business, excluding automobiles. *Other Business Assets* includes machinery, equipment, inventory or other assets.

	<u>Description</u>	<u>Current Value</u>	<u>Loan Balance</u>	<u>Lender</u>	<u>Monthly Payment</u>	<u>Date of Final Pymt</u>
22a.	Tools used in Trade/ Business	\$ _____	\$ _____	_____	\$ _____	_____
	Other: (List below)					
22b.	Machinery	\$ _____	\$ _____	_____	\$ _____	_____
22c.	Equipment	\$ _____	\$ _____	_____	\$ _____	_____
22d.	_____	\$ _____	\$ _____	_____	\$ _____	_____
22e.	_____	\$ _____	\$ _____	_____	\$ _____	_____

Section 8Accounts/
Notes
Receivable

23. ACCOUNTS/NOTES RECEIVABLE. List all accounts separately, including contracts awarded, but not started. (If you need additional space, attach a separate sheet.)

Use only if
needed

	<u>Description</u>	<u>Amount Due</u>	<u>Date Due</u>	<u>Age of Account</u>
23a.	Name <u>CPA Firm Receivables</u> Address _____ City/State/Zip _____	\$ <u>████████</u>	<u>██████</u>	<div style="background-color: black; width: 100px; height: 40px;"></div>
23b.	Name _____ Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
23c.	Name _____ Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
23d.	Name _____ Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
23e.	Name _____ Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
23f.	Name _____ Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days

Add "Amount Due" from lines 23a through 23f = 23g \$ ████████

Name _____

SSN _____

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Section 9Monthly
Income and
Expense
Analysis**If only one
spouse has
a debt, but
both have
income, list
the total
household
income and
expenses.****Total Income****Source**

24. Wages (yourself)
 25. Wages (spouse)
 26. Interest - Dividends
 27. Net Business Income
 28. Net Rental Income
 29. Pension/Social Security
 30. Pension/Social Security
 (Spouse)
 31. Child Support
 32. Alimony
 33. Other
 34. **Total Income**

Gross monthly

[REDACTED]

Total Living Expenses**Expense Items¹**

35. Rent/Mortgage
 36. Electric
 37. Natural Gas
 38. Cable TV
 39. Telephone
 40. Water
 41. Food
 42. Car Payment
 43. Gasoline
 44. Car Insurance
 45. Cell Phone/Pager
 46. Other Utilities
 47. Clothing & Misc.
 48. Health Care
 49. Court Ordered Payments
 50. Child/Dependant Care
 51. Life Insurance
 52. Other secured debt
 53. Other expenses [REDACTED]
 54. Education Expenses
 55. **Total Living Expenses**

Actual Monthly

[REDACTED]

**ATTACHMENTS REQUIRED:** Please include;

- A copy of your last Form 1040 with all Schedules
- Proof of all current expenses that you paid for the last 3 months, including utilities, rent, insurance, property taxes, etc.
- Proof of all non-business transportation expenses (e.g car payments, lease payments, fuel, oil, insurance, parking, registration)
- Proof of payments for health care, including health insurance premiums, co-payments and other out-of-pocket expenses
- Copies of any court order requiring payment and proof of such payments for the past 3 months

CERTIFICATION

I declare that I have examined the information given in this statement and, to the best of my knowledge and belief, it is true, correct, and complete, and I further declare that I have no assets, owned either directly or indirectly, or income of any nature other than as shown in this statement, including any attachment.


 Signature

[REDACTED]
 Social Security No.

10/10/2017

Date

WARNING

False statements are punishable up to five years imprisonment, a fine of \$250,000, or both pursuant to 18 U.S.C. §1001.

¹Expenses generally not allowed: We generally do not allow you to claim tuition for private schools, public or private college expenses, charitable donations, voluntary retirement contributions, payments on unsecured debts such as credit card bills and other similar expenses. However, we may allow these expenses, if you can prove that they are necessary for the health and welfare of you or your family.